

Agency IT Strategic Plan

Secretariat: Health & Human Resources

Agency Code: 602

Agency: Department of Medical Assistance Services

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Agency Profile & Strategic Direction

Agency Mission Statement:

To provide a system of high quality comprehensive health services to qualifying Virginians and their families.

Agency IT Vision Statement:

Utilize an evolutionary approach to leverage market proven leading edge information technologies to: enhance authorized access to information; improve flexibility in information sharing capabilities between business partners and industry; enhance timely dissemination of authorized information; ensure security, privacy, accuracy, and accountability for all of the Agency's information; and provide tools that enable cost-effective support of the Agency's mission. The evolution in systems integration is supported by continuously improving project management disciplines based on industry best practices including Software Quality Assurance, Configuration Management, and Risk Management.

Total Employees: 323

Total IT Employees: 10

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Project Selection Criteria:

DMAS' information infrastructure consists primarily of two platforms – the Transaction Processing Platform (TPP) and Information Retrieval Platform (IRP), which make up the Medicaid Management Information System (MMIS). DMAS IT projects are best viewed in the context of DMAS' core mission and this infrastructure. DMAS is the state agency charged with managing the Virginia State Plan for Medical Assistance. This plan is structured by mandates from Center for Medicare and Medicaid Services (CMS), the Governor's Office, the General Assembly, and existing State and Federal regulations. Central to DMAS' ability to fulfill this mission is a CMS-certified MMIS, and this is so for two reasons. The first is that a CMS-certified MMIS is required in order to receive full Federal funding for Medicaid. The second is that on-going mandates from Federal and State agencies must be implemented in that MMIS. Given this environment, the primary IT project selection process used by DMAS is the development and prioritization of MMIS-related projects driven by State and Federal mandates, and this process is described below.

Business Case Development:

Given that most DMAS IT projects are mandated from outside the agency, the DMAS business case development process is somewhat limited in scope. Significant DMAS projects emanate from the annual budget process that includes budget decisions arising from the Governor's proposed budget and subsequent adjustments made by the General Assembly. The DMAS Budget Office evaluates proposed projects from a financial standpoint, particularly when cost savings initiatives are being considered. In the case of mandates from the General Assembly, the Budget Office prepares a more formal document, a Fiscal Impact Statement (FIS), covering the monetary costs and benefits of proposed projects. Also, in the case of General Assembly mandates, the DMAS Communications & Legislative Affairs Office prepares a Legislative Impact Statement (LIS) covering the non-monetary aspects of proposed projects. DMAS management considers these documents when considering proposed IT projects for their implementation potential and priority as outlined below

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Risk Assessment Methodologies:

DMAS is in the process of implementing a new MMIS in June of this year. This ten-year, \$60 million project is by far the largest systems project the agency has ever attempted. At a number of points within this project, DMAS obtained the services of outside contractors to perform independent risk assessments of the project. These assessments were valuable not only to DMAS and other state agencies but also to the development contractor, First Health Services. As part of the on-going management of the MMIS, the DMAS Internal Audit Division conducts risk assessments of MMIS system vulnerabilities such as the confidentiality of private medical information and the security of claims payment tables. For routine projects involving modification of the MMIS, IM conducts an informal systems risk assessment. Finally, the previously mentioned LIS prepared by the DMAS Communications & Legislative Affairs Office may contain a non-systems risk assessment if the proposed IT project has implications beyond the systems realm.

Prioritization Schema:

The DMAS Implementation Steering Committee (ISC), an executive-level committee chaired by the DMAS Chief Deputy Director, initially reviews external mandates. If the MMIS is impacted, an Information Service Request (ISR) is created by the lead Division (the one directly impacted by the mandate) in conjunction with the Information Management Division to initiate the required system change. Likewise, projects may originate from within DMAS, and ISRs are originated to initiate the required systems change. In both cases, ISRs are then considered by a DMAS Configuration Control Board (CCB), comprised of DMAS Division Directors, which reviews the ISRs and assigns a preliminary priority based on the nature of the ISR. Some standardized categories employed by the CCB include cost savings initiatives, mandated policy changes, audit requirements, operational efficiencies, and system fixes. Recommendations for ISR prioritization and initiation are then forwarded to the DMAS Director's Office who is responsible for final prioritization and approval. DMAS then sends the approved ISRs to First Health for development and implementation on the MMIS.

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Core Business Activities:

Core Business Activity Title	Core Business Activity Description	Core Business Activity Sub-Function Title	Core Business Activity Sub-Function Description
DETECTION, DIAGNOSIS AND TREATMENT	Efforts to improve the physical and mental well-being of the individual and/or family through the detection, diagnosis, and treatment of illness.	Virginia Children's Medical Security Insurance Plan	Efforts to provide health care coverage for needy children.
STANDARDS OF LIVING	Efforts to maintain or enhance the economic independence and self-sufficiency of individuals and/or families.	Medical Assistance Services (Medicaid)	Efforts to provide services to and payment on behalf of eligible individuals enrolled in the Medicaid program.
STANDARDS OF LIVING	Efforts to maintain or enhance the economic independence and self-sufficiency of individuals and/or families.	Indigent Health Care Trust Fund	Efforts to provide state funds and contributions to hospitals to compensate for unremunerated indigent health care.
STANDARDS OF LIVING	Efforts to maintain or enhance the economic independence and self-sufficiency of individuals and/or families.	Continuing Income Assistance Services	Efforts to provide income assistance payments on a permanent basis.
STANDARDS OF LIVING	Efforts to maintain or enhance the economic independence and self-sufficiency of individuals and/or families.	Medical Assistance Services (Non-Medicaid)	Efforts to provide services to and payment on behalf of eligible individuals not enrolled in the Medicaid Program.
STANDARDS OF LIVING	Efforts to maintain or enhance the economic independence and self-sufficiency of individuals and/or families.	Administrative and Support Services	Efforts to provide overall administrative and logistical support services.

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ADJUDICATION	Efforts to provide judgmental decisions on questions of law, including the prosecution and defense of alleged offenders.	Pre-Trial, Trial, and Appellate Processes	Efforts to bring to a courtroom setting and try cases of alleged violators of the criminal law and adjudication of civil disputes, and to provide for appellate review of such trials.
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Key Customers Associated With Each Core Business Activity :

Core Business Activity Title	Core Business Activity Description	Core Business Activity Sub-Function Title	Core Business Activity Sub-Function Description
ADJUDICATION	Efforts to provide judgmental decisions on questions of law, including the prosecution and defense of alleged offenders.	Pre-Trial, Trial, and Appellate Processes	Efforts to bring to a courtroom setting and try cases of alleged violators of the criminal law and adjudication of civil disputes, and to provide for appellate review of such trials.
<p>Key Customers</p> <p>Health care professionals who render medical services to clients of Medicaid, FAMIS, or other indigent health care programs administered by DMAS.</p> <ul style="list-style-type: none"> · Pharmacies · Physician and Other Practitioner Providers · Home Care Providers · Hospital Providers · Dental Care Providers · Long Term Care Facilities · Other Providers <p>Recipients of medical assistance services covered and reimbursed by Medicaid, FAMIS, or other indigent health care programs administered by DMAS.</p> <p>State government officials, in both executive and legislative branches of government, responsible for enacting legislation and setting agency priorities that determine health care policy and determines DMAS' appropriation levels.</p> <p>State government officials, in both executive and legislative branches of government, responsible for enacting legislation that determines health care policy and determines DMAS' appropriation levels.</p>			
DETECTION, DIAGNOSIS AND TREATMENT	Efforts to improve the physical and mental well-being of the individual and/ or family through the detection, diagnosis, and treatment of illness.	Virginia Children's Medical Security Insurance Plan	Efforts to provide health care coverage for needy children.
<p>Key Customers</p> <p>Center for Medicare and Medicaid Services (CMS) The Federal agency responsible for overseeing the federal Medicare program and state Medicaid and Title XXI programs.</p> <p>Committees established by statute or created by the Department to serve in an advisory capacity in an area of subject matter expertise and to provide assistance in the formulation of program policy.</p> <p>Groups that are charged with the responsibility of representing entities, such as specific provider types or specific client groups, before government bodies.</p>			

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Health care professionals who render medical services to clients of Medicaid, FAMIS, or other indigent health care programs administered by DMAS including Pharmacies, Physician and Other Practitioner Providers, Home Care Providers, Hospital Providers, Dental Care Providers, Long Term Care Facilities, and Other Providers.

Members of the television, print, and radio broadcast media.

Private business firms and state agencies, including the Department of Social Services, that DMAS contracts with to perform various program functions including recipient enrollment, prior authorization of medical services, claims processing, audit functions, enrollment into managed care programs, transportation services and actuarial services.

Recipients of medical assistance services covered and reimbursed by Medicaid, FAMIS, or other indigent health care programs administered by DMAS.

State agencies that provide medical services covered and reimbursed by Medicaid or FAMIS programs including Virginia Department of Health (VDH), Virginia Department for the Aging, Department of Rehabilitative Services (DRS), Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), and Department of Education.

State government officials, in both executive and legislative branches of government, responsible for enacting legislation and setting agency priorities that determine health care policy and determines DMAS' appropriation levels.

STANDARDS OF LIVING

Efforts to maintain or enhance the economic independence and self-sufficiency of individuals and/or families.

Medical Assistance Services (Medicaid)

Efforts to provide services to and payment on behalf of eligible individuals enrolled in the Medicaid program.

Key Customers

Center for Medicare and Medicaid Services (CMS) The Federal agency responsible for overseeing the federal Medicare program and state Medicaid and Title XXI programs.

Committees established by statute or created by the Department to serve in an advisory capacity in an area of subject matter expertise and to provide assistance in the formulation of program policy.

Groups that are charged with the responsibility of representing entities, such as specific provider types or specific client groups, before government bodies.

Health care professionals who render medical services to clients of Medicaid, FAMIS, or other indigent health care programs administered by DMAS including Pharmacies, Physician and Other Practitioner Providers, Home Care Providers, Hospital Providers, Dental Care Providers, Long Term Care Facilities, and Other Providers.

Members of the television, print, and radio broadcast media.

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State government officials, in both executive and legislative branches of government, responsible for enacting legislation and setting agency priorities that determine health care policy and determines DMAS' appropriation levels.

STANDARDS OF LIVING

Efforts to maintain or enhance the economic independence and self-sufficiency of individuals and/ or families.

Indigent Health Care Trust Fund

Efforts to provide state funds and contributions to hospitals to compensate for unremunerated indigent health care.

Key Customers

Groups that are charged with the responsibility of representing entities, such as specific provider types or specific client groups, before government bodies. Health care professionals who render medical services to clients of Medicaid, FAMIS, or other indigent health care programs administered by DMAS including Pharmacies, Physician and Other Practitioner Providers, Home Care Providers, Hospital Providers, Dental Care Providers, Long Term Care Facilities, and Other Providers.

STANDARDS OF LIVING

Efforts to maintain or enhance the economic independence and self-sufficiency of individuals and/ or families.

Continuing Income Assistance Services

Efforts to provide income assistance payments on a permanent basis.

Key Customers

Health care professionals who render medical services to clients of Medicaid, FAMIS, or other indigent health care programs administered by DMAS including Pharmacies, Physician and Other Practitioner Providers, Home Care Providers, Hospital Providers, Dental Care Providers, Long Term Care Facilities, and Other Providers.
Recipients of medical assistance services covered and reimbursed by Medicaid, FAMIS, or other indigent health care programs administered by DMAS.

STANDARDS OF LIVING

Efforts to maintain or enhance the economic independence and self-sufficiency of individuals and/ or families.

Medical Assistance Services (Non-Medicaid)

Efforts to provide services to and payment on behalf of eligible individuals not enrolled in the Medicaid Program.

Key Customers

Groups that are charged with the responsibility of representing entities, such as specific provider types or specific client groups, before government bodies.

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State government officials, in both executive and legislative branches of government, responsible for enacting legislation and setting agency priorities that determine health care policy and determines DMAS' appropriation levels.

STANDARDS OF LIVING

Efforts to maintain or enhance the economic independence and self-sufficiency of individuals and/ or families.

Administrative and Support Services

Efforts to provide overall administrative and logistical support services.

Key Customers

Center for Medicare and Medicaid Services (CMS) The Federal agency responsible for overseeing the federal Medicare program and state Medicaid and Title XXI programs.

Committees established by statute or created by the Department to serve in an advisory capacity in an area of subject matter expertise and to provide assistance in the formulation of program policy.

Groups that are charged with the responsibility of representing entities, such as specific provider types or specific client groups, before government bodies. Health care professionals who render medical services to clients of Medicaid, FAMIS, or other indigent health care programs administered by DMAS including Pharmacies, Physician and Other Practitioner Providers, Home Care Providers, Hospital Providers, Dental Care Providers, Long Term Care Facilities, and Other Providers.

Members of the television, print, and radio broadcast media.

Private business firms and state agencies, including the Department of Social Services, that DMAS contracts with to perform various program functions including recipient enrollment, prior authorization of medical services, claims processing, audit functions, enrollment into managed care programs, transportation services and actuarial services.

Recipients of medical assistance services covered and reimbursed by Medicaid, FAMIS, or other indigent health care programs administered by DMAS.

State agencies that provide medical services covered and reimbursed by Medicaid or FAMIS programs including Virginia Department of Health (VDH), Virginia Department for the Aging, Department of Rehabilitative Services (DRS), Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), and Department of Education.

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State government officials, in both executive and legislative branches of government, responsible for enacting legislation and setting agency priorities that determine health care policy and determines DMAS' appropriation levels.

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Key Activities and Associated Outcomes:

<u>Key Activity</u>	<u>Associated Outcome</u>
Claims Processing and Payments - Provide payment to providers for services delivered to medical assistance program clients. Receive, edit, process, and pay provider claims and perform claims processing quality control.	Prompt and accurate provider payment. Edits are in place to safeguard the Commonwealth against fraudulent billing. All payments made in compliance with federal and state reimbursement policies.
Customer Service - Perform provider and client customer relations functions. Operate customer service help lines for provider and client inquiries.	Clients and providers have consistent access to a reliable source of program information via multiple mediums (e.g., telephone, internet, mailings)
Management of Contracts and Inter-Agency Agreements - Manage contracts with private firms and state agencies to perform various program functions including operation of MMIS, HMOs, and other services. Develop RFPs and implement initial contract. Review/evaluate business partners to measure compliance.	Successful completion of agreement or contract requirements.
Outreach - Build awareness of medical assistance programs for children. Communicate program information to potentially eligible individuals and advocacy groups.	Increases in the number of children enrolled in Medicaid and FAMIS. Decreases in the number of uninsured children in Virginia.
Policy Development - Develop, interpret, and administer policy related to Medicaid and other administered programs. Regulate eligibility determination and enrollment processes; define medical benefit packages to meet the needs of eligible population.	The Virginia State Plan for Medical Assistance and the FAMIS State Plan are compliant with federal and state laws. Other indigent care programs are designed and operated as mandated. All programs are cost-efficient and consistent with legislative mandates.
Program Access and Integrity - Process information and allow access to services for individuals eligible for medical programs. Enroll providers into DMAS programs. Review and audit health care providers, programs, and clients to monitor the quality of care, identify potential fraud and abuse	Clients have adequate access to preventive, restorative, emergency, and long-term care services. Clients have access to an adequate pool of qualified providers. Prevention and elimination of program fraud and abuse
Program Reporting - Receive, review, and prepare reports to meet federal reporting requirements. Communicate program information, recommendations, and program evaluation.	Federal financial participation is secured. Clients are aware of program scope and guidelines. Decision-makers are aware of program outcomes and opportunities for program improvements and enhancements.

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Rate Setting - Develop and administer provider reimbursement policies. Set provider rates and perform cost settlement.

Provider groups allowed opportunities for input. Reimbursement methodologies appropriate for providers and fiscally responsible for the Commonwealth.

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Major IT Projects

Approved for Preliminary Planning — The following project(s) scheduled for initiation in the 2004-2006 Budget Biennium is (are) approved for inclusion in your IT Strategic Plan. A project proposal must be submitted to the CIO before the project(s) will be considered for planning approval. Procurements in support of the project(s) are not approved for submission to the VITA Project Management Division (PMD) for execution until the project has been Approved for Planning by the CIO. For detailed instructions refer to the Interim Procedures for the Initiation and Approval of Major and Non-major Information Technology Projects.

<http://www.vita.virginia.gov/projects/cpm/cpmDocs/projectInitInterimProcs030903.doc>

There are no major projects approved for preliminary planning.

Approved for Planning — The following project(s) scheduled for initiation in the 2004-2006 Budget Biennium is (are) approved for planning. This approval constitutes authorization to undertake the planning necessary to complete a detailed project proposal and project charter for consideration by the Secretariat Oversight Committee and the CIO. Projects "Approved for Planning" must be formally approved for development by the Commonwealth IT Investment Board prior to beginning Phase 3 of the project lifecycle (Project Planning) and execution as defined in the Commonwealth Project Management Guideline. Procurements in support of developing the detailed project proposal and charter are approved for submission to the VITA Project Management Division (PMD) for execution, in accordance with PMD procedures. For detailed instructions refer to the Interim Procedures for the Initiation and Approval of Major and Non-major Information Technology Projects.

<http://www.vita.virginia.gov/projects/cpm/cpmDocs/projectInitInterimProcs030903.doc>

There are no major projects approved for planning.

Active Projects — The following project(s) are(is) scheduled to continue in the 2004-2006 Budget Biennium as an Active Project. All Active Projects must be tracked on the Commonwealth Information Technology Major Projects Dashboard and are subject to monthly review by the CIO. The CIO is authorized to assess progress of all Active Projects and recommend termination of a project to the Commonwealth IT Investment Board.

Project Formal Title	Planned Start Date	Planned Completion Date	Estimate At Completion
Medicaid Management Information System (MMIS) (Maintenance and Enhancements)	08/14/1997	03/31/2004	\$60,643,973

Collaboration Opportunity — The following project(s) is (are) designated as a Collaboration Opportunity. Your agency should consult with the other agencies listed on the corresponding collaboration report and evaluate whether collaboration between agencies on these projects is feasible. The results of your collaboration efforts and evaluation should be reported when the project is presented to the Commonwealth IT Investment Board for "Development Approval".

There are no collaboration opportunity projects.

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Major IT Procurements

Approved Major IT Procurements - The following major procurements are approved for submission to the VITA Project Management Division (PMD) for execution in accordance with PMD procedures.

Procurement Description	Planned Procurement Delivery Date	Estimated Procurement Cost
DMAS is contractedly obligated (VA9880420-FHS)for the next five years (though June 2008)for the on-going maintenance and updates to comply with Federal or State mandates of the MMIS, which includes the Transaction Processing Platform (TPP) and the Information Retrieval Platform (IRP). This required support will start July 1, 2004 (FY 2005) for the second operational period of the MMIS.	07/01/2004	\$4,766,000
DMAS is contractedly obligated (VA9880420-FHS)for the next five years (though June 2008)for the on-going maintenance and updates to comply with federal or state mandates of the MMIS, which includes the Transaction Processing Platform (TPP) and the Information Retrieval Platform (IRP). This required support will start June 20, 2003 (FY 2004) for the first operational period of the new MMIS.	07/01/2003	\$4,580,000
DMAS will be required to access technical services for maintenance, updates, and support of HIPAA transactions, code sets and national identifiers. The required technical skills will include personnel familiar with Electronic Data Interchange (EDI) transactions, translator, certification process, and Internet interactive screens. Because of the uniqueness of the combination of skills required for Medicaid, DMAS will be dependent on both technical skills and State Medicaid knowledge for implementation of these new standards. The DMAS team will rely on the use of industry knowledgeable technical analysts, project managers, and technical consultants to address standards across multiple platforms. This procurement is for the DMAS team in FY 05.	07/01/2004	\$1,914,000
DMAS will be required to access technical services from the MMIS Fiscal Agent, First Health Services (FHSC) for maintenance, updates, and support of HIPAA transactions, code sets and national identifiers. The required technical skills will include Electronic Data Interchange (EDI) transactions, translator, certification process, and Internet interactive screens. Because of the uniqueness of the combination of skills required for Medicaid, DMAS will dependent on both technical skills and State Medicaid knowledge for implementation of these standards. This procurement is FHSC services under the MMIS contract (VA9880420-FHS) for FY 05.	07/01/2004	\$2,816,000
DMAS will be required to access technical services from the MMIS Fiscal Agent, First Health Services (FHSC) for update and support of HIPAA transactions, code sets and national identifiers. The required technical skills will include Electronic Data Interchange (EDI) transactions, translator, certification process, and Internet interactive screens. Because of the uniqueness of the combination of skills required for Medicaid, DMAS will dependent on both technical skills and State Medicaid knowledge for implementation of these standards. This procurement is FHSC services under the MMIS contract (VA9880420-FHS) for FY 06.	07/01/2005	\$2,807,000
DMAS is contractedly obligated (VA9880420-FHS) for the next five years (though June 2008) for the on-going maintenance and updates to comply with Federal or State mandates of the MMIS, which includes the Transaction Processing Platform (TPP) and the Information Retrieval Platform (IRP). This required support will start July 1, 2005 (FY 2006) for the third operational period of the MMIS.	07/01/2005	\$4,959,000

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Disapproved Major IT Procurements - The following major procurements are not approved for submission to the VITA Project Management Division (PMD). The agency should not take any action on the major procurements listed below.

There are no disapproved major procurements.

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Non-major IT Projects

Approved for Planning— The following project(s) scheduled for initiation in the 2004-2006 Budget Biennium is (are) approved for planning. This approval constitutes authorization to undertake the planning necessary to complete a detailed project proposal and project charter for consideration by the CIO. Projects "Approved for Planning" must be formally approved for development by the CIO prior to beginning Phase 3 of the project lifecycle (Project Planning) and execution as defined in the Commonwealth Project Management Guideline. Procurements in support of developing the detailed project proposal and charter are approved for submission to the VITA Project Management Division (PMD) for execution, in accordance with PMD procedures. For detailed instructions refer to the Interim Procedures for the Initiation and Approval of Major and Non-major Information Technology Projects.

<http://www.vita.virginia.gov/projects/cpm/cpmDocs/projectInitInterimProcs030903.doc>

There are no non-major projects approved for planning.

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Non-major IT Procurements

Approved Non-major IT Procurements - The following non-major procurements are approved for submission to the VITA Project Management Division (PMD) for execution in accordance with PMD procedures.

Procurement Description	Planned Procurement Delivery Date	Estimated Procurement Cost
DMAS is a covered entity under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The HIPAA Security Rule, Technical Safeguards, requires physical measures, policies, and procedures to protect a covered entity's electronic information systems and equipment, from natural and environmental hazards, and unauthorized intrusion using technical safeguards. DMAS expects to acquire upgraded hardware and software along with upgrades that maybe needed for the MMIS to meet the HIPAA security rule requirements by the April 20, 2005 compliance date. These items will be needed to mitigate the findings and risks as identified in DMAS risk assessments and physical/technical security tests.	07/15/2004	\$750,000
Acquire the first of two Unix host mid-range systems to replace one of the two current RS6000/S70 AIX platforms in FY 05. This computer will be created to support the Oracle Government Financial Services (GFS) application package. This software package was developed primarily with Federal funds to perform functions mandated by the Medicaid Program and is an integral part of the MMIS Information Retrieval Platform. GFS is DMAS' mission critical internal accounting system, which processes and controls over \$3 Billion dollars annually. The GFS system is currently being run on an IBM RS6000/S70 AIX mid-range server.	07/15/2004	\$150,000
As new EDI transaction standards evolve, DMAS anticipates the need to acquire upgraded imaging software, added tools and utilities for EDI, and upgrade the EDI translator in FY 06. The Health Insurance Portability and Accountability Act (HIPAA) of 1996, standardized healthcare electronic transactions by using ASC X12 Standard transactions and National Code Sets (NCS). Based on Federal department's (HHR, & CMS) communications, it is anticipated that additional electronic standards will be introduced that require the acquisition of these software items.	07/15/2005	\$375,000
DMAS expects to acquire imaging software, new tools and utilities for EDI, and upgrade the EDI translator in FY 05. The Health Insurance Portability and Accountability Act (HIPAA) of 1996, standardized healthcare electronic transactions by using ASC X12 Standard transactions and National Code Sets (NCS). Based on Federal department's (HHR, & CMS) communications, it is anticipated that additional electronic standards will be introduced that require the acquisition of these software items.	07/15/2004	\$750,000
Planned lifecycle replacement for six Compaq/HP servers that support the MMIS Information Retrieval Platform (IRP) requirements. Replacement servers will be acquired in FY 06 with three year upgraded warranty support that provides a four-hour response time.	02/15/2006	\$60,600
Purchase of 25 laptop computers that are used to connect to the MMIS from both DMAS main office and from remote locations as staff travels. This acquisition is planned for FY 05	10/01/2004	\$60,500
The Health Insurance Portability and Accountability Act (HIPAA) of 1996, standardized healthcare electronic transactions by using ASC X12 Standard transactions and National Code Sets (NCS). Based on Federal department's (HHR, & CMS) communications, it is anticipated that additional electronic standards will be introduced. In order to support these electronic standards on the MMIS, DMAS expects to acquire imaging hardware, new disk storage system, and upgrade/replace servers in FY 05.	07/15/2004	\$950,000
Purchase of 150 desktop personal computers that are used in direct support of the MMIS. These need to be acquired in FY 06	10/01/2005	\$185,500

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Procurement Description	Planned Procurement Delivery Date	Estimated Procurement Cost
Purchase of 25 laptop computers that are used to connect to the MMIS from both DMAS main office and from remote locations as staff travels. This acquisition is planned for FY 06	10/01/2005	\$60,500
DMAS will be required to access technical services to continue the maintenance, update, and support of HIPAA transactions, code sets and national identifiers. The required technical skills will include personnel familiar with Electronic Data Interchange (EDI) transactions, translator, certification process, and Internet interactive screens. Because of the uniqueness of the combination of skills required for Medicaid, DMAS will be dependent on both technical skills and State Medicaid knowledge for implementation of these new standards. The DMAS team will rely on the use of industry knowledgeable technical analysts, project managers, and technical consultants to address standards across multiple platforms. This procurement is for the DMAS team in FY 06	07/15/2005	\$956,800
Acquire the second of two UNIX host systems to replace one of the two current RS6000/S70 AIX platforms in FY 06. This computer will be created to support the following Oracle databases and applications: Commonwealth Accounting and Reporting System Interface; Fraud and Abuse; IDS; Individual & Family Developmental Disability; Provider Appeals; Provider List Request; Third Party Liability Recovery and Batched Remittance. These software packages were developed with matching Federal funds to perform functions mandated by the Medicaid Program and are an integral part of the MMIS Information Retrieval Platform. These applications are currently being run on an IBM RS6000/S70 AIX mid-range server.	07/15/2005	\$150,000
DMAS needs to renew the annual support contract with Oracle for FY 06. The following are some of the main products that are required to maintain the production applications installed at DMAS: Oracle Enterprise Database Server with Partitioning Option; Oracle Government Financial System (GFS); Oracle Developer 2000; Oracle Discoverer and other Oracle tools as needed. This software runs the mission critical applications (i.e. GFS, etc) of the agency. Without this support renewal, the agency will not be able to support these critical applications that are needed for the day-to-day operation of the business units at DMAS. The Oracle products and support are an integral part of the MMIS Information Retrieval Platforms.	10/30/2005	\$391,000
DMAS needs to renew the annual support contract with Oracle for FY 05. The following are some of the main products that are required to maintain the production applications installed at DMAS: Oracle Enterprise Database Server with Partitioning Option; Oracle Government Financial System (GFS); Oracle Developer 2000; Oracle Discoverer and other Oracle tools as needed. This software runs the mission critical applications (i.e. GFS, etc) of the agency. Without this support renewal, the agency will not be able to support these critical applications that are needed for the day-to-day operation of the business units at DMAS. The Oracle products and support are an integral part of the MMIS Information Retrieval Platforms.	10/30/2004	\$373,000
The Health Insurance Portability and Accountability Act (HIPAA) of 1996, standardized healthcare electronic transactions by using ASC X12 Standard transactions and National Code Sets (NCS). Based on Federal department's (HHR, & CMS) communications, it is anticipated that additional electronic standards will be introduced. In order to support these additional electronic standards on the MMIS, DMAS expects to acquire additional disk storage drives, enhanced imaging hardware, and upgrade to servers as needed in FY 06.	07/15/2005	\$650,000

Agency IT Strategic Plan

Secretariat: Health & Human Resources

Agency Code: 602

Agency: Department of Medical Assistance Services

Procurement Description	Planned Procurement Delivery Date	Estimated Procurement Cost
Develop an IFB/RFP to competitively acquire a Private Branch Exchange (PBX) telephone communications system with two Primary Rate Interface (PRI) Components for the Department of Medical Assistance Services (DMAS). This PBX system would be of a sufficient size for 400 agency telephones. It will include an enhanced Automated Call Distribution System (ACD), as well as expanded call recording technology for the DMAS Provider Helpline. This system will include telephones and utilize existing agency wiring. This is expected to reduce total cost of ownership for the ACD and the overall telephone cost for DMAS	07/15/2004	\$575,000
Purchase of 150 desktop personal computers that are used in direct support of the MMIS. These need to be acquired in FY 05	10/01/2004	\$185,000
Upgrade Microsoft (MS) Office products/applications to newer version releases and acquire new MS products as required to support over 400 users.	05/15/2005	\$155,000

Disapproved Non-major IT Procurements - The following non-major procurements are not approved for submission to the VITA Project Management Division (PMD). The agency should not take any action on the major procurements listed below.

There are no disapproved non-major procurements.